



Mortgage Industry Address and/or Name Change Application

Address and/or Name Change Application

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Read the following carefully before you complete this form

A change application (include both pages) will only be accepted if it is signed by an Owner/Officer/Member on file with our Department and the **original** signed application is submitted along with ALL of the required documents and fees.

Checklist for Address Change

The following items must be submitted altogether:

- ☐ Legibly complete and submit the original signed application pages 1,2 and 4.
- ☐ Signed by an owner or officer on page 2 #6 and the verification page #4.
- ☐ \$50 change of address fee.
- ☐ Return original license or submit the \$100 duplication fee.
- ☐ Make & keep a copy for your records.

Checklist for Name Change

The following items must be submitted altogether:

- ☐ Legibly complete application pages 1 and 2 and have an owner or officer sign page 2 #6.
- ☐ Return original license(s) or submit the \$100 duplication fee. (principal & branch licenses).
- ☐ Original bond rider with new name.
- ☐ \$250 change of name fee for each licensed location.
- ☐ Make & keep a copy for your records.

INCLUDE these 2 items with the above 5 items for a Name Change

- ☐ If, Corporation; we need the approved amended articles of incorporation with new name.
- ☐ If, foreign corporation; we need the approved amended articles of incorporation and Arizona foreign authority with new name.

INCLUDE this item with the first five items above for only a DBA Name Change

AND all the above items if changing both the name and the DBA.

- ☐ A copy of the trade name certificate showing legal name and DBA name.

Original licenses must be returned, otherwise there is a \$100 duplicate fee charged for each license not returned. **(POST A COPY OF THE CURRENT LICENSE, UNTIL YOU RECEIVE THE ORIGINAL AMENDED LICENSE).** If both the address and name are being changed at the same time and you are paying the \$100 duplication fee because you are unable to return the original license; the duplicate license fee will only need to be paid for once.

Submit one (1) check for the total of all fees required. Make check payable to the, **Arizona Department of Financial Institutions or AZDFI** and drop off or mail to **2910 North 44th Street, Suite 310, Phoenix, AZ 85018**. The Department will not accept credit or debit cards or an electronic submission of this application.

Licensee must designate a person for each licensed location to oversee the operation of that office. Such person may oversee more than one location.

I (print name here) _____ have read the instructions and have **enclosed ALL of the required documents and fees** for this change according to the above Checklist(s). Signature _____



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Legibly Print or Type All Information

To the Superintendent of Financial Institutions, the licensee described in number 1 below hereby request permission to make the following change(s):

☐ Address Change ☐ Name Change ☐ Both Address and Name Change

1. Principal Licensed Location Information (found on principal license):

License Type:		Principal Arizona License Number:	
Exact Name of Licensee:			
Exact DBA / Trade name if applicable:			
Address on your "Principal" license:		City:	State: Zip Code:
Telephone Number: () - ext.	Fax Number: () -	Toll Free Number: () -	

2. Licensed location that is changing their address:

License Number for this location:	Date Address Changed or Will Change: / /	This Licensed Location Property is ZONED as (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
Current Address on license:		City:	State: Zip Code:
Telephone Number: () - ext.	Fax Number: () -	Toll Free Number: () -	

3. The above licensed location (#2 above) will be relocated to:

Designated Branch Manager (Overseer or Contact Person):		This New Location Property is ZONED as (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
New Address:		City:	State: Zip Code:
Telephone Number: () - ext.	Fax Number: () -	Toll Free Number: () -	

Have you read the branch verification page 3, signed and attached page 4 of this application?

☐ Yes ☐ No IF NOT, DO NOT this address change will not be processed.

4. Name and or DBA Name Change:

New Exact Name:	Date Name Changed or Will Change: / /
New Exact DBA / Trade name if applicable:	

5. Individual to contact regarding the processing of this change:

Name:	Title:	Email Address	
Have you attached ALL of the required documents and fees for this change according to the attached Checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NOT, DO NOT submit this request until ALL required documents and fees have been attached.			
Address:		City:	State: Zip Code:
Direct Telephone Number & Extension: () - ext.	Fax Number: () -	Toll Free Number: () -	

6. Authorized Individual: I hereby certify that to the best of my knowledge, this application contains no misrepresentations or omissions of material facts. An Owner/Officer/Member on file with our Department must sign this form.

Print Name:	Print Title:	
Signature:	Date:	
Direct Telephone Number & Extension: () - ext.	Fax Number: () -	Toll Free Number: () -



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Complete page 3 and 4 if an address change is being made.

Attention: Mortgage Banker / Brokers

Verification Required for all Licensed Locations

A.R.S. §§ 6-903(O) and 6-944(A) state, in pertinent part, that a mortgage broker license and a mortgage banker license are “**not transferable or assignable**” without the prior written consent of the superintendent.

Engaging in any of the activities listed below, commonly referred to as “net branching,” can result in the Department taking regulatory enforcement action up to and including license revocation and the imposition of a civil money penalty of not more than **five thousand dollars (\$5,000.00)** for each violation for each day. **THIS IS NOT AN EXHAUSTIVE LIST.**

- **DON'T** transfer or assign your mortgage broker or banker license to “branch managers” or “owners.”
- **DON'T** require branch managers to pay for branch start up costs, including, but not limited to, the cost of branch office licenses, bank account deposits, background checks, accounting fees, HUD license fees, security deposits, training, payroll fees, and loan software fees.
- **DON'T** require branch managers to sign agreements to pay monthly fees for using your license.
- **DON'T** fail to assume responsibility and liability for branch office leases that are rightfully your responsibility. You or your designated officers should sign rent and equipment leases, not branch managers.
- **DON'T** fail to assume the responsibility and liability for branch office equipment leases that are rightfully your responsibility. Branch managers should not sign these leases.
- **DON'T** fail to assume the responsibility and liability for utilities, office supplies and equipment, appraisals, alarm equipment, and any other bills incurred by branches. Bills, utilities, and invoices should be in licensee’s name.
- **DON'T** inform the Better Business Bureau that your branches are independent.
- **DON'T** fail to account for all branch income and expenses on tax returns and on financial statements.
- **DON'T** fail to maintain physical access to your branches at all times.
- **DON'T** fail to maintain control over the payment of your branch expenses.
- **DON'T** fail to maintain a uniform settlement service fee structure among all of your branch offices. Borrowers should be able to pay the same fees at any office. You should not allow branch managers to set their own fee structure.
- **DON'T** pay W-2 income to companies owned by branch managers in an attempt to evade taxes.
- **DON'T** fail to employ practices and procedures consistent with all HUD guidelines.
- **DON'T** fail to maintain control over branch bank accounts or allow branch managers to write payroll checks and reimburse themselves for expenses.



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Verification Required for all Locations (continued)

For more information, please access www.hudclips.org and click on "Access HUD Letters and Notices from past years" to read, among other things, Mortgagee Letter 00-15, which addresses "Prohibited Branch Arrangements."

AFFIDAVIT

Must be signed by an Owner/Officer/ Member on file with our Department and Notarized

STATE OF _____)ss

COUNTY OF _____

I, (print name and title) _____ as an Officer of the licensed entity, officially state that the attached address change application is in compliance with A.R.S. §§ 6-903(O) and 6-944(A) above and that this license will not be transferred or assigned without the prior written consent of the superintendent.

(Date)

(Officer's Signature)

Notarization Of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

My commission expires:

(Notary Public)